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Application Number	
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First Named Inventor	
Group Art Unit	
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	ENCLOSURES (che	ck all that apply)
Fee Transmittal Form	Assignment Papers (for an Application)	After Allowance Communication to Group
Fee Attached	Drawing(s)	Appeal Communication to Board of Appeals and Interferences
Amendment / Reply	Licensing-related Papers	Appeal Communication to Group
After Final	Petition	Proprietary Information
Affidavits/declaration(s)	Petition to Convert to a Provisional Application	Status Letter
Extension of Time Request	Power of Attorney, Revocation Change of Correspondence Address	Other Endosure(s) (please identify below):
Express Abandonment Request	Terminal Disclarmer  Request for Refund	Canadian Patent
Information Disclosure Statement	CD, Number of CD(s)	Filing
Certified Copy of Priority Document(s)	Remarks	
Response to Missing Parts/ Incomplete Application		
Response to Missing Parts under 37 CFR 1.52 or 1.53		
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## **FEE TRANSMITTAL** for FY 2002

Patent fees are subject to annual revision

TOTAL A	TIMES	~r n	AVMENT
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Complete if Known				
Application Number				
Filing Date				
First Named Inventor				
Examiner Name				
Group Art Unit				
Attorney Docket No				

METHOD OF PAYMENT		FEE CALCULATION (continued)				
The Commissioner is hereby authorized to charge		3. ADDITIONAL FEES				
indicated fees and credit any overpayments to.  Deposit	•	Large		Smal		
Account Number	Fee	Entity Fee (\$)		Entit Fee (\$)	y Fee Description	Fee Paid
Deposit Account	1	• • •	205	65	Surcharge - late filing fee or oath	
Name Charge Any Additional Fee Required	127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
Under 37 CFR 1 16 and 1 17  Applicant claims small entity status	139 1	130	139	130	Non-English specification	
See 37 CFR 1 27	147 2.	520	147 2	2,520	For filing a request for ex parte reexamination	
2. Payment Enclosed:  Check Credit card Money Other	112 9	920*	112	920*	Requesting publication of SIR prior to Examiner action	
FEE CALCULATION	113 1,	840*	113	1,840*	Requesting publication of SIR after Examiner action	
	115 1	110	215	55	Extension for reply within first month	
1. BASIC FILING FEE Large Entity Small Entity	116 4	100	216	200	Extension for reply within second month	
Fee Fee Fee Fee Description	117 9	920	217	460	Extension for reply within third month	
Code (\$) Code (\$)	118 1.	440	218	720	Extension for reply within fourth month	
101 740 201 370 Utility filing fee 106 330 206 165 Design filing fee	128 1,	960	228	980	Extension for reply within fifth month	
	119 3	320	219	160	Notice of Appeal	
107 510 207 255 Plant filing fee 108 740 208 370 Reissue filing fee	120 3	320	220	160	Filing a brief in support of an appeal	
114 160 214 80 Provisional filing fee	121 2	280	221	140	Request for oral hearing	
	138 1,	,510	138 1	,510	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$) 370	140 1	110	240	55	Petition to revive - unavoidable	
2. EXTRA CLAIM FEES	141 1,	,280	241	640	Petition to revive - unintentional	
Fee from Extra Claims below Fee Paid	142 1.	.280	242	640	Utility issue fee (or reissue)	
Total Claims	143	460	243	230	Design issue fee	
Independent Claims X = S X	144	620	244	310	Plant issue fee	
Multiple Dependent = S	122	130	122	130	Petitions to the Commissioner	
	123	50	123	50	Processing fee under 37 CFR 1 17(q)	
Large Entity Small Entity	126	180	126	180	Submission of Information Disclosure Stmt	
Fee Fee Fee Fee Fee Description Code (\$) Code (\$)  103 18 203 9 Claims in excess of 20	581	<b>4</b> 0	581	40	Recording each patent assignment per property (times number of properties)	
102 84 202 42 Independent claims in excess of 3	146	740	246	370	Filing a submission after final rejection	
104 280 204 140 Multiple dependent claim, if not paid	1	740	0.40	270	(37 CFR § 1 129(a))	
109 84 209 42 ** Reissue independent claims over original patent	149	740	249	370	For each additional invention to be examined (37 CFR § 1 129(b))	
110 18 210 9 ** Reissue claims in excess of 20	179	740	279	370	Request for Continued Examination (RCE)	
and over original patent	169	900	169	900	Request for expedited examination of a design application	
SUBTOTAL (2)	Other	fee (s	pecify	/)		L
**or number previously paid, if greater, For Reissues, see above	*Redu	ced b	y Bas	ic Filin	g Fee Paid SUBTOTAL (3) (\$)	0

SUBMITTED BY		Complete (il	Complete (if applicable)		
Name (PrintiType)	Steve	Komisalak	Registration No (Attorney/Agent)	Telephone	403-528-9381
Signature	N	A.		Date	1005/01/101

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